

Pentamed  
Hospital



NABH ACCREDITED

Dated: 08.05.2019

**CERTIFICATE**  
(To Whomsoever It May concern)

Certified that Ms. Nancy Dhunna, 35 years/female, daughter of Mr. Ashok Kumar Dhunna, was **admitted on 28.04.2019** in Pentamed Hospital, Delhi under the treatment of Dr. Rajesh Gupta vide Regn. No. 1920-0362 for her illness of **LEFT PYELONEPHRITIS WITH SMALL ABSCESSSES WITH UROSEPSIS WITH ACUTE ON CKD WITH HYPERKALEMIA WITH ANEMIA (IDA) K/C HTN, CKD, HYPOTHYROIDISM** and was **discharged on 08.05.2019**. At the time of initial presentation on 28.04.2019, her clinical condition was critical, warranting immediate medical attention in any nearest hospital for immediate hospitalization & treatment. So, her admission in this Hospital was made on emergency basis and was justified for the adequate & appropriate medical management of her illness.

*Nancy Dhunna*

*Rajesh Gupta*

(Dr. Rajesh Gupta Unit)  
Pentamed Hospital, Delhi.



PENTAMED HOSPITAL  
7, Local Shopping Centre,  
Derawal Nagar, Ph-IV,  
Delhi-110 009

## DISCHARGE SUMMARY

Name	Ms. NANCY DHUNNA	Regn No.	1920-0362
Guardian	D/O MR ASHOK KUMAR DHUNNA	Age/Sex	35 Yrs /F
Consultant	Dr. RAJESH GUPTA UNIT	Admitted on	28/Apr/2019 3:36 PM
Mobile No.	9718898040	Discharge on	08/May/2019 1:49 PM

## DIAGNOSIS

- LEFT PYELONEPHRITIS WITH SMALL ABSCESES WITH UROSEPSIS WITH ACUTE ON CKD WITH HYPERKALEMIA WITH ANEMIA (IDA)
- K/C HTN, CKD, HYPOTHYROIDISM

## RESUME OF HISTORY

36yrs old patient , no addiction, hypertensive, non diabetic was admitted with c/o high grade fever with chills, burning micturition

## ON EXAMIINATION

On admission- patient's physical examination showed- conscious, oriented, Temp-99°F, Pulse-82/min, BP-150/90mmHg, SPO2-97% at room air, chest -B/L clear, CVS-S1S2 Normal, P/A-soft. BS+ & CNS-WNL.

## COURSE IN THE HOSPITAL

Patient was treated conservatively with Inj Meromac, Tab loxof, Tab Concor, Tab Amlong, Tab Udiliv, Inj Cal GLuconate, Inj Pantop, K-Bind Sachet, Tab Nodosis-DS, Tab Thyronorm, Tab Pantop, Tab Lizomac and supportive measures.

Opinion of Nephrologist (Dr. Deepak Kalra) and Eye Specialist (Dr. Meetu Narang Vohra) were taken.

Now patient is symptomatically better, hemodynamically stable & is being discharged with proper advice.

Echo :- Dilated LA, EF-55%, LVDD-Gr-II, Mild MR

## MEDICATION

- INJ MEROMAC 500 MG I.V. IN 100 ML NS TWICE DAILY X 3 DAYS
- INJ XYLOMONAS 1 MILLION UNITS I.V. IN 100 ML NS TWICE DAILY X 3 DAYS
- INJ DARGEN 25 MG S/C ONCE WEEKLY ( TUESDAY )
- TAB CONCOR-AM 2.5 MG ONCE DAILY - 10 AM
- TAB EUTHYROX 125 MCG ONCE DAILY EMPTY STOMACH
- TAB NODOSIS-DS THRICE DAILY (1-1-1) (9AM - 2PM - 9 PM)
- CAP PANTOCID -DSR ONCE DAILY BEFORE BREAKFAST
- BLOOD PRESSURE MONITORING TWICE DAILY IN SITTING & RESTING STATE

*Nancy Dhunna*





Date	30/Apr/2019 09:21 AM	LAB No.	19-LI01461
Name	Ms. NANCY DHUNNA	Age / Sex	36 Yrs / F
Tel. No.	8586058001	Referred By	Dr. RAJESH GUPTA UNIT
Regn. No.	1920-0362	Report Date	30/Apr/2019 11:08 AM
Address	51, BHARAT NAGAR, ASHOK VIHAR DELHI-52	Book Sno	11
		Room No.	ROOM 324

## KIDNEY FUNCTION TEST

Test Name	Result	Units	Reference Range
BLOOD UREA	<u>124 *</u>	mg/dl.	( 10 - 50 )
S.CREATININE	<u>7.2 *</u>	mg/dl.	( 0.6 - 1.3 )
BUN	<u>57.9 *</u>	mg/dL	( 4.7 - 23.3 )
BUN/CREATININE RATIO	8.04		( 5.00 - 15.00 )
S.URIC ACID	<u>9.0 *</u>	mg/dl	( 2.5 - 7.0 )
S.CALCIUM	<u>8.3 *</u>	mg/dl.	( 8.4 - 10.4 )
S.INORGANIC PHOSPHORUS	3.5	mg/dl.	( 1.5 - 4.5 )
S.SODIUM	137	mEq/l	( 135 - 150 )
S.POTASSIUM	<u>6.4 *</u>	mEq/l	( 3.5 - 5.5 )
S.CHLORIDE	100	mEq/l	( 96 - 108 )
eGFR	6.83	ml/min/1.73m <sup>2</sup>	( > 60 )

*Nancy Dhunna*

Lab Technician

*D.K. Gulati*

Dr. D.K. Gulati  
M.D. (PGI) Pathologist  
(D.M.C. Reg. No.2944)

24 HOURS SERVICES AVAILABLE

7, Local Shopping Centre, Derawal Nagar, Gujranwala Town, Phase IV, Delhi-110009  
Ph: 47014701, 27426675, 27426676



**PENTAMED HOSPITAL**  
7, L.S.C.DERAWAL NAGAR, DELHI-11009

Name	Ms. NANCY DHUNNA	Age/Sex	36 Yrs / F
Consultant	Dr. RAJESH GUPTA UNIT	Reg No.	1920-0362

Test Name	Normal Range	28-Apr-19	28-Apr-19	28-Apr-19	28-Apr-19	29-Apr-19	29-Apr-19	29-Apr-19
BLOOD UREA	( 10 - 50)(mg/dl.)	<u>112</u>				<u>127</u>		
S.CREATININE	( 0.6 - 1.3)(mg/dl.)	<u>7.2</u>				<u>6.8</u>		
BUN	( 4.7 - 23.3)(mg/dL)	<u>52.3</u>				<u>59.3</u>		
BUN/CREATININE RATIO	( 5.00 - 15.00)	7.2				8.7		
S.URIC ACID	( 2.5 - 7.0)(mg/dl)	<u>7.5</u>				<u>8.1</u>		
S.CALCIUM	( 8.4 - 10.4)(mg/dl.)	<u>8.1</u>				<u>8.2</u>		
S.INORGANIC PHOSPHORUS	( 1.5 - 4.5)(mg/dl.)	3.0				3.2		
S.SODIUM	( 135 - 150)(mEq/l)	<u>133</u>				<u>134</u>		
S.POTASSIUM	( 3.5 - 5.5)(mEq/l)	<u>5.6</u>				<u>6.0</u>		
S.CHLORIDE	( 96 - 108)(mEq/l)	99				96		
eGFR	(> 60 - ) (ml/min/1.73m <sup>2</sup> )	6.83				7.3		
S.BILIRUBIN (TOTAL)	( 0.0 - 1.0)(mg/dl.)	<u>2.72</u>						
S.BILIRUBIN ( DIRECT)	( < 0.3 - )(mg/dl.)	1.52						
S.BILIRUBIN (INDIRECT)	( < 0.7 - )(mg/dl.)	1.2						
S.G.O.T.	( 0 - 46)(U/L)	<u>50</u>						
S.G.P.T.	( 0 - 49)(U/L)	34						
S.ALKALINE PHOSPHATASE	( 30 - 120)(U/L)	<u>355</u>						
T.PROTEINS	( 6.3 - 8.3)(gm/dl)	6.8						
ALBUMIN	( 3.5 - 5.0)(gm/dl)	<u>2.7</u>						
GLOBULIN	( 2.0 - 3.5)(gm/dl)	<u>4.1</u>						
A.G RATIO		0.66:1						
GGT	( 5 - 32)(IU/L)	<u>51</u>				<u>132</u>		
S.AMYLASE	( 23 - 88)(IU/L)					58		
LIPASE	( < 38 - )(U/L)							
HAEMOGLOBIN	( 11 - 16)(gm%)	<u>10.0</u>				<u>9.3</u>		
TOTAL LEUCOCYTE COUNT	( 4000 - 10000)(/Cumm)	<u>26700</u>				<u>20200</u>		
D.L.C. POLYMORPHS	(%)	88				84		
LYMPHOCYTES	(%)	07				10		
EOSINOPHILS	(%)	01				01		
MONOCYTES	(%)	04				05		
RED BLOOD CELLS	( 3.5 - 5.5)(Millions)	3.55				<u>3.35</u>		
PLATELET COUNT	( 1.50 - 4.50 )(Lac/cumm)	<u>6.48</u>				<u>6.34</u>		
P.C.V.	( 33 - 51)(%)	<u>30.5</u>				<u>28.2</u>		
MCV	( 78 - 94)(CUBICMICRON )	85.1				84.2		
MCH	( 27 - 32)(pg.)	28.2				27.8		
M.C.H.C	( 32 - 36)(g/dl)	33.1				33.0		
R.D.W.	( 11.5 - 14.5)(%)	<u>14.9</u>				<u>14.7</u>		
PERIPHERAL SMEAR :								
CRP	( - < 6.0)(ug/ml)	POSITIVE (54.86)						
U/S WHOLE ABDOMEN								View Details
COLOUR :						YELLOW		
QUANTITY :	(ml)					15		
APPEARANCE :						TURBID		
SPEC. GRAVITY:						1.020		
PH:						6.5		
ALBUMIN :						TRACE		

*Nancy Dhunna*

**DR. D.K. GULATI**  
M.D.(PGI) PATHOLOGIST



LPL - FPSC BHARAT NAGAR 2  
 367, BHARAT NAGAR, ASHOK VIHAR, DELHI



Name : Mrs. NANCY DHUMMA  
 Lab No. : 142489659 Age: 34 Years Gender: Female  
 A/c Status : P Ref By : Dr. P.RAJ GOPAL  
 Collected : 27/4/2019 11:11:00AM  
 Received : 27/4/2019 11:52:49AM  
 Reported : 28/4/2019 12:04:31PM  
 Report Status : Interim

Test Name Results Units Bio. Ref. Interval

SWASTHFIT SUPER 2 PACKAGE

LIVER & KIDNEY PANEL, SERUM  
 (Spectrophotometry, Indirect ISE)

Bilirubin Total	1.68	mg/dL	0.30 - 1.20
Bilirubin Direct	1.06	mg/dL	<0.20
Bilirubin Indirect	0.62	mg/dL	<1.10
AST (SGOT)	45	U/L	<35
ALT (SGPT)	34	U/L	<35
GGTP	53	U/L	<38
Alkaline Phosphatase (ALP)	395	U/L	30 - 120
Total Protein	5.80	g/dL	6.40 - 8.30
Albumin	2.74	g/dL	3.50 - 5.20
A : G Ratio	0.90		0.90 - 2.00
Urea	113.00	mg/dL	17.00 - 43.00
Creatinine	6.17	mg/dL	0.51 - 0.95
Uric Acid	6.90	mg/dL	2.60 - 6.00
Calcium, Total	8.50	mg/dL	8.80 - 10.60
Phosphorus	3.10	mg/dL	2.40 - 4.40
Sodium	135.00	mEq/L	136.00 - 146.00
Potassium	6.09	mEq/L	3.50 - 5.10

*Nancy Dhumma*

PHASE 2  
 BHARAT NAGAR, ASHOK VIHAR, DELHI



Name : Mrs. NANCY DHUMMA  
 Lab No. : 142489659 Age: 34 Years Gender: Female  
 A/c Status : P Ref By : Dr. P.RAJ GOPAL  
 Collected : 27/4/2019 11:11:00AM  
 Received : 27/4/2019 11:52:49AM  
 Reported : 28/4/2019 12:04:34PM  
 Report Status : Interim

Test Name	Results	Units	Bio. Ref. Interval
<b>COMPLETE BLOOD COUNT (CBC)</b> (Electrical Impedance & VCS, Photometry)			
Hemoglobin	9.50	g/dL	11.50 - 15.00
Packed Cell Volume (PCV)	30.80	%	36.00 - 46.00
RBC Count	3.42	mill/mm <sup>3</sup>	3.80 - 4.80
MCV	90.10	fL	80.00 - 100.00
MCH	27.90	pg	27.00 - 32.00
MCHC	30.90	g/dL	32.00 - 35.00
Red Cell Distribution Width (RDW)	16.30	%	11.50 - 14.50
Total Leukocyte Count (TLC)	28.60	thou/mm <sup>3</sup>	4.00 - 10.00
<b>Differential Leucocyte Count (DLC)</b>			
Segmented Neutrophils	84.80	%	40.00 - 80.00
Lymphocytes	3.80	%	20.00 - 40.00
Monocytes	6.80	%	2.00 - 10.00
Eosinophils	0.40	%	1.00 - 6.00
Basophils	0.20	%	<2.00
Metamyelocytes	2.00	%	
Myelocytes	2.00	%	
<b>Absolute Leucocyte Count</b>			
Neutrophils	24.25	thou/mm <sup>3</sup>	2.00 - 7.00
Lymphocytes	1.09	thou/mm <sup>3</sup>	1.00 - 3.00
Monocytes	1.94	thou/mm <sup>3</sup>	0.20 - 1.00
Eosinophils	0.11	thou/mm <sup>3</sup>	0.02 - 0.50
Basophils	0.06	thou/mm <sup>3</sup>	0.01 - 0.10
Others	1.14		

*Nancy Dhumma*





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NO. MC-2771

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 📞 47-111-111, 9871-994-989    ✉ info@saral diagnostics.com    🌐 www.saral diagnostics.com

Reg. No.	: S-683	Printed On	: 30-04-2019 - 02:15 P
Registration Date	: 29-04-2019 / 05:47 PM	Age/Gender	: 35Y / F
Patient	: Ms NANCY DHUNNA		
Referred By	: Dr Asim Iqbal		

## N.C.C.T. KUB

CT Scan carried out on TRUE Multi detector 500slice scanner.

NCCT examination of the KUB region was carried out. Images recorded and evaluated at appropriate window settings. This examination is limited for the evaluation of solid organs and vascular structures due to lack of I.V. contrast, which is standard for urinary calculus assessment CT.

### Clinical history: Fever.

Bilateral adrenals are normal in size & outline.

*Right kidney measures 91 x 29mm. It shows lobulated outline and significant thinning of parenchyma at upper and mid pole with suggestion of hypertrophy of parenchyma at lower pole. A small cyst of size 14mm is noted at upper polar region. There is suggestion of another smaller cyst at mid pole. Parenchymal thickness at mid pole is 5.5mm. No renal calculus is seen. Right pelvicalyceal system is compact. Right ureter is normal in course and caliber.*

*Left kidney measures 121 x 45mm. It shows lobulated outline with cortical scar at mid pole. No renal calculus is seen. Upper pole shows thickened parenchyma. There is suggestion of a heterogenous (?partially cystic) lesion of size ~40 x 36mm at lower pole. No calcification / fat density seen. Left pelvicalyceal system is compact. Left ureter is normal in course & caliber.*

No evidence of any calculus seen in the KUB region.

The urinary bladder appears normal. The bladder wall appears normal. No calculus seen in the urinary bladder.

The uterus appears normal for age. No adenexal mass seen.

*Mild free fluid is seen in pelvis.*

No enlarged lymphnodes are seen.

No abnormal bowel wall thickening/dilatation seen.

**IMPRESSION: Relatively small right kidney with significant thinning of parenchyma at upper and mid pole and suggestion of hypertrophy at lower pole. Two small cysts are seen in right kidney.**

**- Compensatory hypertrophy of left kidney with lobulated outline and cortical scarring at mid pole. There is suggestion of a heterogenous (?partially cystic) lesion at lower pole of left kidney.**

**Please correlate clinically.**

*Nancy Dhunna*

*Dr. Ujjwal Saxena*  
**Dr. Ujjwal Saxena**  
 Consultant Radiologist  
 DMC Reg. No. 03287

-- End of Report --

Report typed by drujjwal

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If test results are alarming or unexpected, please contact centre immediately for possible remedial action.



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Reg. No. : S-764	Printed On : 30-04-2019 - 04:16 P
Registration Date : 29-04-2019 / 05:47 PM	Age/Gender : 35Y / F
Patient : Ms NANCY DHUNNA	
Referred By : Dr Asim Iqbal	

## MRI BOTH KIDNEYS WITHOUT CONTRAST

**PROCEDURE** : MRI of both kidneys was done on 1.5 Tesla using torso body coil. T1, resp. triggered T2 and Fat-suppressed T2 weighted axial imaging was done. T1 and T2 weighted coronal imaging was done. (CD containing MRI images given along with the films).

**CLINICAL INFORMATION / HISTORY**:- UTI and urosepsis.

**PREVIOUS SCANS**: None

### **OBSERVATIONS**:-

Right kidney measures ~ 9.0x2.3 cm. It reveals irregular outline with thinning of renal parenchyma and loss of normal corticomedullary differentiation. There is focal relative sparing / compensatory hypertrophy of lower pole parenchyma. Few variable sized cortical cysts are seen, largest measuring ~ 1.5 cm. No hydronephrosis is seen. No focus of restricted diffusion is seen on diffusion-weighted imaging.

Left kidney is enlarged in size, measuring ~ 12.0x5.0 cm. It reveals mild lobulated outline with focal cortical scarring at mid pole. Multifocal ill marginated areas of restricted diffusion are seen in left kidney on diffusion-weighted imaging revealing intermediate to low signal on T2WI favouring pyelonephritis. Multiple variable sized foci of T2 prolongation showing restricted diffusion on diffusion-weighted imaging are seen at mid - lower pole favouring abscesses, largest measuring ~ 2.2x2.0 cm. No hydronephrosis is seen. No mass like lesion is seen.

No significant enlarged lymphnodes are seen in visualised abdomen.

**IMPRESSION**- Features are in favour of chronic pyelonephritis of right kidney and acute on chronic changes of pyelonephritis with variable sized abscesses in left kidney. Clinico-lab. data correlation and follow up is suggested.

Dr. Navin Lakhyani, MBBS, MD  
Chief MRI Consultant  
(DMC - 5769)

*Nancy Dhunna*

*Anil Arora*

Dr. Anil Arora, DMRD, DNB  
Senior MRI Consultant  
(DMC - 20045)

-- End of Report --

Report typed by vijay

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Reg. No. : S-764	Printed On : 30-04-2019 - 04:16 P
Registration Date : 29-04-2019 / 05:47 PM	Age/Gender : 35Y / F
Patient : Ms NANCY DHUNNA	
Referred By : Dr Asim Iqbal	

### MR RENAL ANGIOGRAPHY WITHOUT CONTRAST

**PROCEDURE** : Renal MR angiography was done on 1.5Tesla. Multiphase 3D FSPGR T1W sequence was performed. High resolution 3D reformations, MIP & source images were evaluated. *.(CD containing MRI images given along with the films).*

**CLINICAL INFORMATION / HISTORY**:- UTI and urosepsis.

**PREVIOUS SCANS**:- None.

**OBSERVATIONS**:-

There is single renal artery on right side. It is small in calibre throughout its length, measuring ~ 1.8 mm at its origin. No obvious focal stenosis is seen.

Left renal artery is normal in course and calibre, measuring ~ 5 mm at its origin. No focal stenosis is seen in it.

An accessory left renal artery is noted arising from aorta, inferior to main left renal artery.

Visualised part of aorta is unremarkable.

**IMPRESSION** - Small calibre of right renal artery throughout its length. No obvious focal stenosis is seen.

- Normal calibre of left renal artery with accessory left renal artery.

Dr. Navin Lakhyani, MBBS, MD  
Chief MRI Consultant  
(DMC - 5769)

*Nancy Dhunna*

*Anil Arora*

Dr. Anil Arora, DMRD, DNB  
Senior MRI Consultant  
(DMC - 20045)



Date	30/Apr/2019 09:35 AM	LAB No.	19-UI00208
Name	Ms. NANCY DHUNNA	Age / Sex	36 Yrs / F
Tel. No.	8586058001	Referred By	Dr. RAJESH GUPTA UNIT
Regn. No.	1920-0362	Report Date	30/Apr/2019 11:16 AM
Address	51, BHARAT NAGAR ,ASHOK VIHAR DELHI-52	Room No.	ROOM 324

### RENAL DOPPLER

RIGHT KIDNEY IS SMALL IN SIZE ( RIGHT 6.5 X 2.0 CM) WITH IRREGULAR OUTLINE WITH INCREASE ECHOGENICITY WITH LOSS OF CORTICO MEDULLARY DIFFERENTIATION. RIGHT RENAL ARTERY SHOWS LOW VOLUME FLOW AND ENTIRE RENAL ARTERY CAN NOT BE TRACED OUT. DOPPLER PARAMETERS OF RIGHT RENAL VESSELS CAN NOT BE COMMENTED UPON.

LEFT KIDNEY IS BULKY IN SIZE ( LEFT 13.3 X 4.9 CM ), SHOWS LOBULATED CONTOUR AND SHOWS HYPOECHOIC LESION MEASURING 40 X 32 MM AT LOWER POLE WITH THICK INTERNAL SEPTATION LIKELY DUE TO COMPLEX CYST

LEFT RENAL ARTERIES WERE INTERROGATED AT THEIR AORTIC ORIGIN, HILA AND INTERLOBAR BRANCHES. ITS SHOW NORMAL COLOR FLOW, SPECTRAL TRACING AND DOPPLER INDICES WERE RECORDED.

THE LEFT RENAL ARTERY. AORTA RATIO IS WITHIN NORMAL LIMITS (< 3.5).

**IMPRESSION : DESCRIPTIVE**

*Nancy Dhunna*

  
DR. AMIT GUPTA  
CONSULTANT RADIOLOGIST



Date	29/Apr/2019 09:27 AM	LAB No.	19-UI00204
Name	Ms. NANCY DHUNNA	Age / Sex	36 Yrs / F
Tel. No.	8586058001	Referred By	Dr. RAJESH GUPTA UNIT
Regn. No.	1920-0362	Report Date	29/Apr/2019 12:50 PM
Address	51, BHARAT NAGAR ,ASHOK VIHAR DELHI-52	Room No.	ROOM 324

**U/S WHOLE ABDOMEN**

LIVER IS ENLARGED IN SIZE ( 17.6 CM ) WITH NORMAL ECHOTEXTURE. HEPATIC VASCULATURE AND INTERAHEPATIC BILIARY RADICLES ARE NORMAL.

GALL BLADDER IS PARTIALLY DISTENDED, GROSSLY NORMAL IN SIZE AND WITH NORMAL WALL THICKNESS, NO EVIDENCE OF ANY CALCULUS OR SPACE OCCUPYING LESION SEEN. NO PERICHOLECYSTIC COLLECTION SEEN.

COMMON BILE DUCT AND PORTAL VEIN ARE NORMAL IN CALIBRE.  
PANCREAS IS NORMAL IN SIZE AND PARENCHYMAL ECHOTEXTURE.

RIGHT KIDNEY IS SMALL IN SIZE ( RIGHT 6.5 X 2.0 CM ) WITH IRREGULAR OUTLINE WITH INCREASE ECHOGENICITY WITH LOSS OF CORTICO MEDULLARY DIFFERENTIATION..

LEFT KIDNEY IS BULKY IN SIZE ( LEFT 13.3 X 4.9 CM ), SHOWS LOBULATED CONTOUR AND SHOWS HYPOECHOIC LESION MEASURING 40 X 32 MM AT LOWER POLE WITH THICK INTERNAL SEPTATION LIKELY DUE TO COMPLEX CYST

SPLEEN IS NORMAL IN SIZE ( 8.9 CM ) AND ECHOTEXTURE.

URINARY BLADDER IS NORMAL IN SIZE , OUTLINE AND WALL THICKNESS. NO VESICAL CALCULUS SEEN.

UTERUS IS ANTEVERTED, NORMAL IN SIZE SHAPE, POSITION, OUTLINE WITH HOMOGENOUS MYOMETRIAL ECHOES WITH THIN CENTRAL ENDOMETRIUM  
BILATERAL OVARIES ARE NORMAL IN SIZE AND ECHOTEXTURE.NO OBVIOUS MASS LESION IN ADNEXAE.NO FREE FLUID IN POD.

MINIMAL RIGHT SIDE PLEURAL EFFUSION  
LEFT SIDE PLEURAL EFFUSION WITH BASAL ATELECTASIS

**IMPRESSION :-** HEPATOMEGALY  
- ATROPHIC RIGHT KIDNEY  
- COMPENSATORY HYPERTROPHY OF LEFT KIDNEY AND COMPLEX LEFT RENAL CYST  
- LEFT SIDE PLEURAL EFFUSION WITH BASAL ATELECTASIS

NOTE : THIS REPORT IS RADIOLOGICAL OPINION NOT FOR MEDICO-LEGAL PURPOSE.  
: THIS IS RADIOLOGICAL OPINION TO BE CORELATED CLINICALLY.

*Nancy Dhunna*



DR. AMIT GUPTA  
CONSULTANT RADIOLOGIST



Sri Balaji  
Action Medical Institute  
&  
Action Cancer Hospital

A-4, Paschim Vihar  
Delhi - 110063  
Ph.: 42888888, 45666666  
Fax : 25270725

Coordinator  
9910057474

**SPECIALIST :-**

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27465435  
27416712  
9810076650

email :  
northex\_stone@yahoo.co.in

MCI Regd. No. : 5277  
DMC Regd. No. : 2877

**Dr. Atul Goswami MS MCh (Urology) AIIMS**  
Chief of Urology, Uro-Oncology & Renal Transplant

**Consultation Timing :**  
Evening : 6.00 pm to 7.30 pm (Mon, Tue, Thu, Fri)  
Sunday by Appointment  
Wed & Sat NO OPD

**WED-SAT-NO OPD**

28/4/2019.

Mrs. Nancy Shunna

35y/F

BP :- 110/70MMHG  
Pulse :- 56/mt

CUA (?Hypertensive)

Non-Diabetic  
Hypertensive

Adv

NCET KOL

Consult Nephrologist  
Tas Dem DT 180  
Tas Protera longem

Atul Goswami  
28/4/2019.

Small contracted (R) kidney  
with compensatory of (L) kidney  
with mild ↑ crs etc

Cortico etc - Right side  
Pleural effusion

Ser 6.17 mg/dl.

Ch vomiting

no recurrent UT and  
HT. since for last 25 years.

PRIOR APPOINTMENT WILL HELP US SERVE YOU BETTER  
NOT VALID FOR MEDICOLEGAL PURPOSE